

March 13, 2000

Refer to:
MB:CF
IA WA 4155.90.R1.01

Jessie K. Rasmussen, Director
Department of Human Services
Hoover State Office Building, 5th Floor
Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request for amendment of the Iowa Medicaid home and community-based services (HCBS) waiver for elderly persons who would otherwise require care in an institution is approved. The waiver amendment has been assigned control number 4155.90.R1.01 which should be used in any subsequent correspondence.

Specifically, the amendment requests approval to change the waiver assessment tool to a tool designated by the Long Term Care Coordinating Unit, the Outcome and Assessment Information Set (OASIS-B1).

Based on the assurances provided in your original and renewal requests and additional information supplied, we have concluded that the request conforms to the requirements of the Medicaid statute and regulations. Therefore, I approve the request for amendment of the waiver cited above effective April 1, 2000.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
Year 2 (08/01/99-07/31/00)	6,974		\$5,089	\$35,491,910
Year 3 (08/01/00-07/31/01)	8,369		\$5,352	\$44,794,667
Year 4 (08/01/01-07/31/02)	10,043		\$5,584	\$56,083,717
Year 5 (08/01/02-07/31/03)	12,052		\$5,863	\$70,665,484

If you should have any questions please contact Carol Borys at 816-426-3406.

Sincerely,

Joe Tilghman
Regional Administrator

cc: Dennis Headlee
Carol Borys

bcc:
HCBS Waiver Team
Mary Jean Duckett
Luce
BORYS:pl March 6, 2000 wvr4155ap.ltr

